Summary points

Ventilation and air filtration are ineffective at removing environmental tobacco smoke

Despite this knowledge, BAT extensively promoted these technologies to the hospitality industry

Internal documents show such strategies were viewed as viable solutions to circumvent smoking restrictions and gain global marketing opportunities

A total ban on smoking in public places is the only way to protect all employees from environmental tobacco smoke

New legislation

In November 2004, the UK government published another white paper, which proposes to end smoking in most workplaces and public places but also proposes exemptions for private clubs and pubs that do not serve food.¹⁷ This exemption was included despite the fact that the government's scientific committee on tobacco and health advised that bar workers are particularly at risk from secondhand smoke.¹⁸ According to government estimates, these exemptions would leave 10-30% of pubs free to choose their own smoking status, and pubs that serve food could stop doing so in order to allow smoking.

The public health community should reject the 2004 white paper's proposal for exemptions to provide smoke-free workplaces for only some workers in the United Kingdom. Without a comprehensive smoke-free workplace law, the tobacco and hospitality industries can continue to mislead the public about the hazards of exposure to environmental tobacco smoke by promoting separate seating, ventilation, and air filtration as viable options to smoking bans. This will do nothing to reduce the risk of lung cancer among employees.² Furthermore, people of lower socio-economic status are more likely to live near pubs and clubs that are exempt from being smoke-free.¹⁹ All workers deserve to work in smoke-free environments, the United Kingdom should follow the lead of countries such as Bhutan, Cuba, Ireland, Italy, Malta, New Zealand, and Norway in legislating for a total ban on smoking in public places.

Contributors and sources: This article is based on hand searches of internal corporate documents from BAT held in depositories in Minnesota and Guildford set up as a result of litigation against tobacco companies, and documents from online databases of tobacco documents (www.tobaccodocuments.org) searched between March 2004 and October 2004. NRL has served as researcher, indexer, and project manager for several document-based initiatives within the public health community. Her areas of expertise include information management, cigarette design, and the tobacco industry's advertising and marketing techniques aimed at youth, women, and minority populations. JR is a secondhand smoke consultant who has published extensively on the hazard, exposure, dose, risk, and control of secondhand smoke. He is a former senior policy analyst and scientist with the US Environmental Protection Agency. MEM is a consultant for health

groups internationally. She has had extensive experience with researching tobacco industry documents. RDH is an internationally recognized expert on tobacco and author or coauthor of over 150 scientific publications.

Funding: National Institutes for Health grant R01 CA90791.

Competing interests: None declared.

- 1 Repace JL. Respirable particles and carcinogens in the air of Delaware hospitality venues before and after a smoking ban. *J Occup Environ Med* 2004;46:887-905.
- 2 Siegel M. Involuntary smoking in the restaurant workplace. A review of employee exposure and health effects. *JAMA* 1993;270:490-3.
- 3 Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *JAMA* 1998;280:1909-14.
- 4 Barnoya J, Glantz SA. Tobacco industry success in preventing regulation of secondhand smoke in Latin America: the Latin project. *Tobacco Control* 2002;11:305-14.
- 5 Barnoya J, Glantz SA. The tobacco industry's worldwide ETS consultants project: European and Asian components. *Eur J Public Health* 2005 Aug 2 [Epub ahead of print].
- 6 Muggli ME, Hurt RD, Blanke DD. Science for hire: a tobacco industry strategy to influence public opinion on secondhand smoke. *Nicotine Tobacco Res* 2003;5:303-14.
- 7 Drope J, Bialous SA, Glantz SA. Tobacco industry efforts to present ventilation as an alternative to smoke-free environments in North America. *Tobacco Control* 2004;13(suppl 1):41-7.
- 8 Linehan K, Fuller CL. Presentation to the board of directors, June 24, 1992. British American Tobacco. Bates No 2047916000/6013. www.legacy.library.ucsf.edu/cgi/getdoc?tid=kgr52e00&fmt=pdf&ref=results (accessed 10 Jan 2006).
- 9 Department of Health. *Smoking kills: a white paper on tobacco*. London: DoH, 1998.
- 10 British American Tobacco Company. *The UK's public places charter on smoking*. www.bat.com/oneweb/sites/uk_3mnfen.nsf/0/9753a824246f54d480256bf40001988e?OpenDocument (accessed 10 Jan 2006).
- 11 McKee M, Hogan H, Gilmore A. Why we need to ban smoking in public places now. *J Public Health* 2004;26:325-6.
- 12 British Medical Association. *Smokefree workplaces and public places*. London: BMA, 2004.
- 13 Repace JL. *A killer on the loose. An action on smoking and health special investigation into the threat of passive smoking in the UK workforce*. London: Action on Smoking and Health, 2003. www.repace.com/pdf/killer1.pdf (accessed 10 Jan 2006).
- 14 Department of Health and Human Services. *The health consequences of involuntary smoking: a report of the Surgeon General*. Washington, DC: DHHS, 1986. (Publication No (CDC) 87-8398.)
- 15 Fichtenberg C, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ* 2002;325:188-91.
- 16 Ireland Office of Tobacco Control. *Current trends in cigarette smoking*. www.otc.ie/research_reports.asp (accessed 17 Dec 2005).
- 17 Department of Health. *Choosing health: making health choices easier*. London: DoH, 2004.
- 18 Action on Smoking and Health. *Smoking in workplaces and public places*. London: ASH, 2004. www.ash.org.uk/html/factsheets/html/fact14.html#_edn8 (accessed 11 Jan 2006).
- 19 Woodall A, Sandbach E, Woodward C, Aveyard P, Merrington G. The partial smoking ban in licensed establishments and health inequalities in England: modelling study. *BMJ* 2005;331:488-9.

(Accepted 6 January 2006)

Endpiece

The tortures that result from high living

Why should I mention the other innumerable diseases, the tortures that result from high living? Men used to be free from such ills, because they had not yet slackened their strength by indulgence, because they had control over themselves, and supplied their own needs. They toughened their bodies by work and real toil, tiring themselves out by running or hunting or tilling the earth. They were refreshed by food in which only a hungry man could take pleasure. Hence there was no need for all our mighty medical paraphernalia, for so many instruments and pill-boxes. For plain reasons they enjoyed plain health; it took elaborate courses to produce elaborate diseases. Mark the number of things—all to pass down a single throat—that luxury mixes together, after ravaging land and sea. So many different dishes must surely disagree; they are bolted with difficulty and are digested with difficulty, each jostling against each other.

Seneca (5 BC–AD 65), *Epistles* 95:18-9

Submitted by Jeremy Hugh Baron,
honorary professorial lecturer,
Mount Sinai School of Medicine, New York